## Statewide Trauma Field Triage Criteria and Point-of-Entry Plan for Adult and Pediatric Patients

NOTE: Additional pediatric-specific information can be found below. Early notification of the receiving facility, even from the scene, will enhance patient care.

Preconfigured response initiated/appropriate pre-arrival instructions given based on Local EMD Transport immediately **Perform Primary Survey** YES **IMMEDIATELY** to nearest hospital 1) Does the patient have: LIFE Uncontrolled airway? THREATENING Cardiopulmonary arrest? **Transport to:** NO •If < 20 minutes by ground, transport 2) Does the patient have: to a level 1 or 2 trauma center or level 1 or 2 trauma center (level 1 or Persistent loss of consciousness, decreasing level of 2 pediatric trauma center for consciousness, or GCS < 13? YES pediatrics). ■Severe respiratory distress (rate < 10 or > 29) or respiratory rate out of range for age? (see next page for pediatric) CRITICAL ■If < 20 minutes by ground from a ■Flail Chest? **TRAUMA** level 3 trauma center and no level 1 Systolic blood pressure < 90 in adults or < 70 to 90 in pediatrics?</p> or 2 (level 1 or 2 pediatric trauma (see next page) center for pediatrics) within 20 Open or depressed skull fractures? minutes, transport to a level 3 and/or ■Penetrating trauma to head, neck, torso, or extremities proximal consider aeromedical if available. to elbow and knee? •If > 20 minutes by ground to a level Tender or rigid abdomen? 1, 2 or 3 trauma center, activate Pelvic fractures (excluding simple fractures) aeromedical if available. Paralysis or motor/sensory deficit? •If > 20 minutes by ground to a level ■2 or more proximal long bone fractures, or any open proximal long 1, 2 or 3 trauma center and no bond fracture? aeromedical available, transport to •Amputations, with exception of distal digits? the nearest system hospital. Critical burns? (see note). At all times contact with Medical Control re: Destination is encouraged NO 3) Is there evidence of mechanism of injury and/or **CRITICAL BURNS** high energy impact? •Ejection from the vehicle ➤ Partial thickness burns > 10% BSA >Extensive burns involving face, •Death in same passenger compartment •Extrication time > 20 minutes genitalia, perineum ▶3<sup>rd</sup> degree burns in any age group •Falls > 15 feet, or > 3 times child's height > Electrical Burns, including lightning High speed crash •Auto vs. pedestrian, or auto vs. bicycle with significant impact injury ➤ Chemical Burns •Pedestrian thrown or run over •Motorcycle crash > 20 mph, or with separation of rider from bike ➤Inhalation Burns Near drowning >Any burn in combination with trauma NO YES Transport to closest appropriate System Hospital Consider medical control re: Destination hospital. \*\* Interfacility Transfer as necessary Transport to Level 1, 2, or 3 Trauma Center if no medical control. If > 20 minutes away, Co-morbid Factors which may increase severity of injury: go to closest System Hospital. •Age < 5 or > 70

- Significant cardiac or respiratory disease
- Pregnancy
- •Insulin dependent diabetes, cirrhosis, morbid obesity
- Immunosuppressed
- •Bleeding disorder or currently taking anticoagulants

\*\* At all times, EMS providers are encouraged to contact medical control for direction in triage of trauma patients.